

**SAMPLE NOTIFICATION LETTER
APPROVAL / DENIAL of FREE MILK**

Dear _____:

Date: _____

Your application for FREE MILK for your child(ren) has been:

☐ **Approved.**

☐ **Denied** at this time for the following reason(s):

☐ Your household income is higher than is allowable.

☐ Your application is incomplete. The following information must be provided:

☐ Other Reason:

☐ **Approved Temporarily**, until _____. (*Specify date, not to exceed 45 calendar days.*) Ten days before the expiration date, the school will send you another application to complete, so your eligibility may be reconsidered.

This decision is based on your household reporting a monthly income of \$ _____ and _____ household members. If you do not agree with this decision, you may discuss it informally with [(insert name and phone number of school official(s))].

You also have the right to request a formal appeal/hearing. If your request is filed within ten days after the date of this letter, benefits will continue until the appeal is settled. To request a formal appeal/hearing, write or call the person listed below:

Name:

Agency:

Address:

City, State, Zip:

Phone:

If your child is approved for FREE MILK benefits, you must tell the school if/when your household income increases by more than \$50 per month (\$600 per year), or when your household size decreases. Also, if you list a Food Stamp, CalWORKs, KinGAP, or FDPIR case number, you must tell the school if/when you no longer receive Food Stamp, CalWORKs, KinGAP, or FDPIR benefits.

You may send in another application for FREE MILK at any time during the school year. If you are not eligible now, but your income decreases, your family size increases, or you receive Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, you may send in an application at that time.

Sincerely,

(Signature)

(Title)